

City of Fairfield Parks and Recreation

Registration Form

Call 707.428.7714 or email classes@fairfield.ca.gov for more information



Ways to Register



Mail: Complete the registration form below. Mail form and check or money order to:

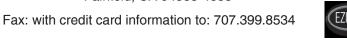
Class Registrar



Fairfield Parks and Recreation 1000 Webster Street Fairfield, CA 94533-4883



Walk-in: Fairfield Community Center 1000 Kentucky Street, Fairfield, CA 94533 Monday - Friday*, 11 a.m. - 5:30 p.m. *Excluding the 1st and 3rd Friday of each month as all City Offices are closed.





Register online: www.fairfield.ca.gov, click on E-Services, and then on EZREG

Adult Participant or Parent/Guardian Name										Primary Phone			
Address								#		Other Dhene (Call Mark)			
Address Apt. # City, ST, ZIP							#		Other Phone (Cell/Work) Spouse Name				
Emergency Contact Name and Telephone							May we notify you about future classes and special events via e-mail?						
E-mail Address:													
									☐ Yes, please. ☐ No, thank you.				
Participant's Name	Birthdate	Bar Code							Program Title Fee			Fee	
		\top	\top										
	†	\forall	\top										
		+	+										
	+	++	+		+								
	1	+	+		+								
											Total Fees	\$	
Payment Information													
☐ Check # ☐ Cash ☐ Mastercard	□ VISA (Card I	No							E	xp.Date		
Authorized Signature Print Name													
				'									
	Liability	Wai	iver	(S	ign	ıatı	ıre	R	equired)				
I,					cer	tify	tha	t I a	am the partic	ipant and/or pare	ent and/or legal	guardian of	
(hereinafter referred to as "Participant(s)").													
I, the undersigned, do hereby agree to partic												to lune 30	
20 and/or give my permission for the m	inor Participaı	nt, ov	er w	hon	ηlh	nave	e cu	ısto	dy and contr	ol, to participate	in the classes a	nd programs	
listed above. I understand that participation i to assume all such risks. I further certify that													
ticipation in the listed activities or endanger t	he Participant	. I ar	n pa	rtici	pati	ing	and	l/or	allowing Par	ticipant(s) to part	icipate in this ad		
knowledge of the danger involved. I accept	and assume a	ıll risk	s of	inju	ry, o	dea	th, o	or p	property dam	age. (Please init	tial)		
Understanding the risks of the listed activities officers, employees, agents, and volunteers,	s, I hereby agi	ree to	ass	ume	e th	ose	risl	ks a	and release	and hold harmles	s the City of Fa	irfield, its	
participation in the activities listed above, inc	luding any pro	vide	d tra	nsp	orta	atior	ı se	ervi	ces. I also g	rant full permission	on to the City of	Fairfield	
to use my and/or Participant(s)' name and/or obligation or liability.	photograph,	/ideo	, mo	tion	pic	ture	or	rec	cording for ar	ny publicity or pro	motion purpose	es without	
Cignostura			D-:	4 N I ~						Data			
Signature	Print Name:								Date:				